

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

10088

1. PLACE OF DEATH
 County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis Mo.* (No.) *Sanitarium* St. Ward)

2. FULL NAME *Jewell D. Hudgens*
 (a) Residence. No. *2529 Maiden Lane, 13* Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred *20* yrs. + mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Laura Hudgens*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 2, 1889*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>43</i>	<i>9</i>	<i>15</i>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Salesman*
 (b) General nature of industry, business, or establishment in which employed (or employer) *Unknown*
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Buckner*
 (STATE OR COUNTRY) *Arkansas*

10. NAME OF FATHER *Jasper Hudgens*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Union County*
 (STATE OR COUNTRY) *Arkansas*

12. MAIDEN NAME OF MOTHER *Fannie Calcut*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Lafayette*
 (STATE OR COUNTRY) *Arkansas*

14. INFORMANT *K. K. Russell*
 (Address) *City, Mo.*

15. FILED *1927* *Max B. Starkeff*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *3-17-1927*

17. I HEREBY CERTIFY, That I attended deceased from *Aug 28, 1926*, to *3-10-1927*, and that I last saw him alive on *3-10-1927*, and that death occurred, on the date stated above, at *12:15-20*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senescence
Paralytic

83 (duration) yrs. *6* mos. *25* ds.

CONTRIBUTORY (SECONDARY) *76* (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: *✓*
 DID AN OPERATION PRECEDE DEATH: *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *K. K. Russell*, M. D.
3-17-1927 (Address) *City, Mo.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Uva Ill* DATE OF BURIAL *3-19 1927*

20. UNDERTAKER *Arthur J. Donnelly* ADDRESS *2039 Wash St*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

